

<i>SERFF Tracking Number:</i>	<i>ALSB-127008734</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47938</i>
<i>Company Tracking Number:</i>	<i>LU10987 SERIES</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LU10987 series</i>		
<i>Project Name/Number:</i>	<i>LU10987 series/LU10987 series</i>		

Filing at a Glance

Company: Allstate Life Insurance Company	
Product Name: LU10987 series	SERFF Tr Num: ALSB-127008734 State: Arkansas
TOI: L04I Individual Life - Term	SERFF Status: Closed-Approved- Closed State Tr Num: 47938
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life	Co Tr Num: LU10987 SERIES State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Linda Bird Disposition Date: 02/18/2011 Disposition Status: Approved- Closed Implementation Date:
Implementation Date Requested: On Approval	
State Filing Description:	

General Information

Project Name: LU10987 series	Status of Filing in Domicile: Pending
Project Number: LU10987 series	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 02/18/2011
	State Status Changed: 02/18/2011
Deemer Date:	Created By: Devyn Porstner
Submitted By: Devyn Porstner	Corresponding Filing Tracking Number:
Filing Description:	
RE: LU10987 – Term Insurance Policy	
LU10989 – Conversion Right Endorsement	
LU10990 – Accelerated Benefit Rider for Terminal Illness	
Filed for Informational Purposes Only	
LU10991 AB Disclosure for Terminal Illness	

Dear Mr. Shields:

<i>SERFF Tracking Number:</i>	<i>ALSB-127008734</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47938</i>
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We submit the above-referenced forms for your attention and approval. These are new forms, not previously submitted, and they do not replace any currently approved forms.

Description of Policy Forms

Form LU10987 is a Term Insurance policy. Premiums are level for all years and are fully guaranteed. LU10987 will initially be offered with a 15-year term period but we reserve the right to offer additional term coverage periods between 5 and 20 years. Please note that since all rates are guaranteed, this form will not be subject to the NAIC Model Illustration Regulation.

Form LU10989 is a Conversion Right Endorsement and allows the customer to convert policy form LU10987 to a permanent life insurance policy.

Form LU10990 is an Accelerated Benefit Rider for Terminal Illness. When attached to a life insurance policy form, it provides for the acceleration of the death benefit if the insured develops a terminal illness as defined in the rider. This form will be offered with LU10987 and may be attached to other life products in the future.

Filed for Informational Purposes Only

LU10991 Accelerated Benefit Disclosure will be used with accelerated benefit rider LU10990 and may be used with other accelerated riders in the future.

Previously approved forms that will be used with this policy include:

LR1220, Application for Reinstatement

FIC413 Series, Application for Life Insurance (Pending approval with your Department.)

These forms have been generated by our home office computer system. These forms may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected.

Please note that some of the variable information on the pdfs of these forms was bracketed using Adobe Acrobat. Although the bracketing appears on the attached pdfs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

Thank you for your consideration of this matter.

SERFF Tracking Number: ALSB-127008734 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: LU10987 series
Project Name/Number: LU10987 series/LU10987 series

Sincerely,
Devyn Marie Stoltz
State Filing Project Manager
Contract Development and Filing

Company and Contact

Filing Contact Information

Devyn Stoltz, dpors@allstate.com
3100 Sanders Rd, Suite M2A 847-402-2962 [Phone]
Northbrook, IL 60062 847-326-5224 [FAX]

Filing Company Information

Allstate Life Insurance Company CoCode: 60186 State of Domicile: Illinois
3100 Sanders Road, Suite M2A Group Code: 8 Company Type:
Northbrook, IL 60062 Group Name: State ID Number:
(847) 402-8112 ext. [Phone] FEIN Number: 36-2554642

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: Retaliatory filing fee of 50 per form = 150.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$150.00	02/09/2011	44535705

SERFF Tracking Number:	ALSB-127008734	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/18/2011	02/18/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/17/2011	02/17/2011	Devyn Porstner	02/17/2011	02/17/2011

SERFF Tracking Number: *ALSB-127008734*

State: *Arkansas*

Filing Company: *Allstate Life Insurance Company*

State Tracking Number: *47938*

Company Tracking Number: *LU10987 SERIES*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*

Product Name: *LU10987 series*

Project Name/Number: *LU10987 series/LU10987 series*

Disposition

Disposition Date: 02/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSB-127008734	State:	Arkansas
Filing Company:	Allstate Life Insurance Company	State Tracking Number:	47938
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Product Name:	LU10987 series		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Premium Rates		Yes
Supporting Document	ADB Disclosure - Informational		Yes
Supporting Document	Certification of Compliance		Yes
Form	Term Life Insurance Policy		Yes
Form	Conversion Right Endorsement		Yes
Form	Accelerated Benefit Rider		Yes

SERFF Tracking Number: *ALSB-127008734* *State:* *Arkansas*
Filing Company: *Allstate Life Insurance Company* *State Tracking Number:* *47938*
Company Tracking Number: *LU10987 SERIES*
TOI: *L041 Individual Life - Term* *Sub-TOI:* *L041.213 Specified Age or Duration -*
Fixed/Indeterminate Premium - Single Life

Product Name: *LU10987 series*
Project Name/Number: *LU10987 series/LU10987 series*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/17/2011
Submitted Date 02/17/2011
Respond By Date 03/17/2011

Dear Devyn Stoltz,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Product Name: LU10987 series
Project Name/Number: LU10987 series/LU10987 series

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/17/2011
Submitted Date 02/17/2011

Dear Linda Bird,

Comments:

Thank you for your note, dated 2/17/2011. Below please find our response to your inquiry.

Response 1

Comments: Attached please find certification of compliance with the cited regulations.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration of this filing.

Sincerely,

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Devyn Porstner

SERFF Tracking Number: ALSB-127008734 State: Arkansas

Filing Company: Allstate Life Insurance Company State Tracking Number: 47938

Company Tracking Number: LU10987 SERIES

TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: LU10987 series

Project Name/Number: LU10987 series/LU10987 series

Form Schedule

Lead Form Number: LU10987 series

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LU10987	Policy/Cont Term Life Insurance ract/Fratern Policy al Certificate	Initial		51.000	LU10987 Term Insurance Policy.pdf
	LU10989	Policy/Cont Conversion Right ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	LU10989 Conversion Right Endorsement. pdf
	LU10990	Policy/Cont Accelerated Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46.000	LU10990 Accelerated Benefit Rider.pdf

Allstate Life Insurance Company

A Stock Company

Home Office: 3100 Sanders Road, Northbrook, Illinois 60062-7154, 1-800-525-2799

Term Insurance Policy

Insured: {JOHN DOE}
Payment Class: {NON-TOBACCO}
Issue Age: {35}
Sex: {MALE}
Policy Number: {SPECIMEN}

Face Amount: \${100,000}
Issue Date: {02/01/2011}


THIS IS A LEGAL CONTRACT--READ IT CAREFULLY

Allstate Life Insurance Company promises to pay the death benefit upon receipt of due proof of death of the insured, subject to the terms and conditions of this policy. Payment of premiums is required until the expiry date or death of the insured. Premiums are the same for all years. Premiums are fully guaranteed. This policy does not pay dividends.

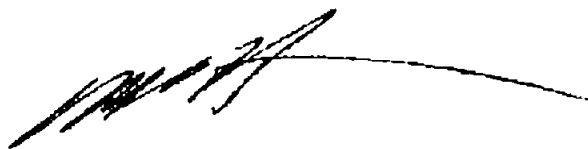
Please examine the application. We issued this policy based upon the answers in the application (copy included). If all answers are not complete and true, the policy may be affected.

Right To Cancel Your Policy

You may cancel this policy by returning it to Allstate Life Insurance Company, or our agent, within 31 days after you receive it. Return of the policy by mail is effective on being postmarked, properly addressed and postage prepaid. We will return all premium payments made for this policy to you.



Susan L. Lees
Secretary



Matthew E. Winter
President and Chief Executive Officer

Table of Contents

Policy Data	Page 3
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Application	Insert
Riders (if any)	Insert

Policy Data

Insured:	{JOHN DOE}		
Payment Class:	{NON-TOBACCO}		
Issue Age:	{35}	Face Amount:	{\$100,000}
Sex:	{MALE}	Issue Date:	{02/01/2011}
Policy Number:	{SPECIMEN}	Coverage Period:	{15} Years

Benefit Description

<u>Description</u>	<u>Face/Benefit Amount</u>	<u>Expiry Date</u>
Term Life Insurance	{\$100,000}	{02/01/2026}
{Accelerated Benefit Rider}		{02/01/2026}

Premium Payment Mode:	Premium Payment Amount:
{Monthly}	{\$6.83}
{Quarterly}	{20.50}
{Semi-annual}	{41.00}
{Annual}	{82.00}

Payment of premiums is required until the expiry date or death of the insured. Premiums are level for all years. Premiums are fully guaranteed.

{Conversion Right Endorsement:

Conversion Start Date	{02/01/2012}
Conversion Expiry Date	{02/01/2021}

Definitions

When these words are used in this policy, they have the meaning stated:

Application - The application that was signed by you requesting this policy.

Company (we, us, our) - Allstate Life Insurance Company.

Expiry Date - The expiry date is shown on the Policy Data pages.

In Force - The coverage provided by this policy is in effect.

Insured - The person whose life is covered by this policy as shown on the Policy Data pages.

Issue Age - The age of the insured at the time this policy was issued (issue date) determined by the insured's last birthday.

Issue Date - The date the policy is issued, as shown on the Policy Data pages. It is used to determine policy years and policy months in the policy.

Payment Class - The class into which the insured is placed, determined by our guidelines for providing insurance coverage.

Policy Anniversary - The same day and month as your issue date for each subsequent year your policy remains in force.

Policy Data - The pages of this policy that identify specific information about the insured and the benefits.

Policy Year - A twelve-month period beginning on a policy anniversary.

Rider - An additional benefit we are providing.

You, Your - The person(s) having the rights of ownership defined in the policy.

Death Benefit

If the insured dies while this policy is in force, we will pay the death benefit when we have received due proof of death, subject to the terms and conditions of this policy and applicable state requirements. The death benefit will include the face amount as shown on the Policy Data pages. We will deduct any premium due for one month if death occurs during the grace period.

Beneficiary

Subject to the terms and conditions of this policy, the beneficiary will receive the death benefit when the insured dies and we have received due proof of death. The beneficiary is as stated in the application unless changed.

The two classes of beneficiaries are primary beneficiaries and contingent beneficiaries. Primary and contingent beneficiaries are individually and collectively referred to in this policy as "beneficiaries." The beneficiaries will receive the death benefit in the following order:

1. Primary beneficiary
2. Contingent beneficiary.

The primary beneficiary is the beneficiary(ies) who is first entitled to receive benefits under this policy upon the death of the insured. In order to receive the death benefit, the beneficiary must be living on the earlier of:

1. The day we receive due proof of the insured's death, or
2. The 15th day past the insured's death.

If the beneficiary does not survive the insured in accordance with these requirements, we will pay the death benefit as if the beneficiary were not living when the insured dies. If none of the named beneficiaries are living when the insured dies, or if no beneficiary was named, the death benefit will be paid to you, if living, otherwise to your estate.

We will pay the death benefit to the beneficiaries according to the most recent written instructions we have accepted from you. We will pay the death benefit in equal shares to the named beneficiaries in the same class who are to share the funds if we do not receive any written instructions. If there is more than one beneficiary in a class and one of the beneficiaries in that class predeceases the insured, the remaining beneficiaries in that class will divide the deceased beneficiary's share in proportion to the original share of the remaining beneficiaries.

You may change or add beneficiaries during the insured's lifetime by written request in a form satisfactory to us, unless you have designated an irrevocable beneficiary. You must file the request with us. Upon acceptance by us, the change will take effect on the date you signed the request, subject to any action we have taken before we accepted the change.

If you name one or more irrevocable beneficiaries, no change in the beneficiaries may be made without their consent. Inadvertent acceptance by us of beneficiary changes not consented to by the irrevocable beneficiaries shall not change the irrevocable beneficiaries.

No beneficiary has any rights in this policy until the insured dies.

Ownership

The insured is the owner if no other person is named in the application as owner. The owner controls the policy during the lifetime of the insured. Unless you provide otherwise, as owner, you may exercise all rights granted by the policy without the consent of anyone else. If the last named owner dies before the insured, then any contingent owner is the new owner. If no owner named in this policy is living, then the owner will be the estate of the last named owner.

You may name a new owner by written request in a form satisfactory to us. We may establish a limit on the maximum number of owners. You must file the request with us. Upon acceptance by us, it is effective as of the date you signed the request, subject to any action we have taken before we accepted it.

Assignment

You may assign this policy or an interest in it to another. You must do so in writing and file the assignment with us. No assignment is binding on us until we accept it. When we accept it, your rights and those of the beneficiary will be subject to the assignment. We are not responsible for the validity of any assignment you make.

Premium Payment

Premiums

Premiums are payable to us. Several payment frequencies are available for this policy and the amount of premium for each frequency is shown on the Policy Data pages. To keep this policy in force during the lifetime of the insured, you must pay the premiums when they are due.

Premiums are to be made in advance with the first premium due on the issue date. The policy will not be in force before the first premium is received and all underwriting requirements have been completed.

We will refund the portion of any premium paid for any time past the policy month of the insured's death.

Grace Period

If you do not make your premium payment by the due date, we will allow a grace period of 31 days from the premium due date. This policy will be in force during the grace period. If you do not pay the premium by the end of the grace period, this policy will terminate as of the due date of the unpaid premium. When the policy terminates, it is no longer in force.

Reinstatement

If this policy terminates prior to the death of the insured, this policy may be reinstated provided you:

1. Request reinstatement prior to the expiry date and within five years of the due date of the first premium that was not paid. This request must be made to us.
2. Give us the proof we require that the insured is still insurable in the same payment class that the policy was issued according to our underwriting requirements.
3. Pay all overdue premiums, plus 6% interest per year, compounded annually.

The effective date of reinstatement will be the date we approve the request for reinstatement. When this policy is reinstated, a new two-year contestable period will apply with respect to statements made in the application for reinstatement. The contestable period is explained in the Incontestability provision of this policy.

Other Terms of Your Policy

Our Contract With You

This policy, including the signed application and any endorsements and riders, is your entire contract with us. We issued this policy based upon your application and the premium payment made by you. A copy of the application is included.

We will not use any statements, except those made in the application, to challenge any claim or to void any liability under this policy. The statements made in the application will be treated as representations and not as warranties.

Only our officers have authority to change this policy. No agent may do this. Any change must be written.

When Coverage Starts

The issue date is the date when this policy becomes effective if the insured is then living, all underwriting requirements have been completed, and the first premium payment has been made. The premium due dates, policy years and policy anniversaries are determined by the issue date, as shown on the Policy Data pages.

Termination

This policy will terminate upon the earliest of the following events:

1. The date you make a written request to terminate this policy;
2. The date the insured dies;
3. The expiry date as shown on the Policy Data pages;
4. The date of termination for non-payment of premium.

Misstatement of Age or Sex

If the insured's age or sex shown on the application has been misstated, any death benefit will be adjusted to the amount that the premium paid would have purchased at the correct age and sex.

Incontestability

We will not contest this policy after it has been in force during the lifetime of the insured for two years from its issue date except for failure to pay the premium required to keep this policy and its riders in force. The contestable period for the reinstatement of this policy or any riders will be measured during the lifetime of the insured for two years from the reinstatement date.

Suicide or Self-Destruction

If the insured dies by suicide while sane or by self-destruction while insane within two years from the issue date of the policy, we will only pay an amount equal to the premiums paid and the policy will terminate.

Conformity With State Law

This policy is subject to the laws of the state where the application was signed. If any part of the policy does not comply with the law, we will consider that part of the policy modified to comply with applicable state law.

Nonparticipating

This policy does not share in our profits or surplus earnings. We will pay no dividends on this policy.

Basis of Reserves

The reserves for this policy are equal to or greater than those required by law. A detailed statement of the method of computing reserves has been filed with the insurance department of the state in which the application is signed.

Settlement

The death benefit will be paid in one sum or applied to any settlement option we then provide. The one sum payment may be paid by a single payment or to a Secure Access account, if available. When we pay the proceeds, we may ask that this policy be returned to us. No surrenders or partial withdrawals are permitted after payments under a settlement option have started.

Settlement options will include:

1. We will pay a selected monthly income until the proceeds, with interest, are exhausted.
2. We will pay a monthly income, based upon the amount of proceeds, interest rate and the age and sex of the person or persons receiving the funds, for a selected period or the lifetime of the person or persons to whom the funds are being paid. This option shall not be available to a non-natural entity.

We guarantee that the rate of interest will not be less than 2%. We may pay interest in excess of the guaranteed rate. We will issue a supplementary contract setting forth the benefits to be paid and the rights of the beneficiary. Each election must include at least \$5,000 of policy proceeds and must result in installment payments of not less than \$50.

The tables shown below contain the guaranteed monthly payment per \$1,000 of policy proceeds applied, which were calculated using the Annuity 2000 Mortality Tables and an annualized effective interest rate of 2%. For ages, guaranteed payment periods, combinations of sex, payment frequencies and annualized effective interest rates not shown in these examples, payment factors will be calculated on a basis consistent with the factors shown. The adjusted age of the beneficiary is used to determine the appropriate monthly payment factor to apply for the selected settlement option. The adjusted age is the actual age of the beneficiary(ies) on the settlement date, subtracted by two, reduced by one year for each six full calendar years between January 1, 2000 and the settlement date.

Life Income with Guaranteed Payment Period:

Beneficiary's Adjusted Age	Monthly Installment					
	10 Year Certain		15 Year Certain		20 Year Certain	
	Male	Female	Male	Female	Male	Female
55	\$3.86	\$3.58	\$3.80	\$3.55	\$3.70	\$3.49
56	3.95	3.65	3.88	3.62	3.77	3.56
57	4.04	3.73	3.96	3.69	3.84	3.62
58	4.13	3.82	4.04	3.77	3.90	3.69
59	4.23	3.90	4.13	3.85	3.97	3.76
60	4.34	4.00	4.22	3.93	4.04	3.83
61	4.45	4.09	4.31	4.02	4.11	3.90
62	4.56	4.20	4.41	4.11	4.18	3.98
63	4.69	4.31	4.51	4.21	4.25	4.05
64	4.82	4.42	4.61	4.31	4.31	4.13
65	4.95	4.54	4.71	4.41	4.38	4.20
66	5.09	4.67	4.81	4.52	4.45	4.28
67	5.24	4.80	4.92	4.63	4.51	4.35
68	5.39	4.95	5.03	4.74	4.57	4.42
69	5.54	5.10	5.13	4.85	4.62	4.49
70	5.71	5.26	5.24	4.97	4.68	4.56
71	5.87	5.42	5.34	5.09	4.73	4.62
72	6.04	5.60	5.44	5.20	4.77	4.68
73	6.22	5.78	5.54	5.32	4.81	4.74
74	6.39	5.96	5.63	5.43	4.85	4.79
75	6.57	6.16	5.72	5.54	4.88	4.83
76	6.75	6.36	5.80	5.65	4.91	4.87
77	6.93	6.56	5.88	5.75	4.94	4.90
78	7.11	6.77	5.96	5.84	4.96	4.93
79	7.29	6.97	6.02	5.92	4.98	4.95
80	7.46	7.17	6.08	6.00	4.99	4.97
81	7.63	7.37	6.14	6.07	5.00	4.99
82	7.79	7.57	6.18	6.13	5.01	5.00
83	7.95	7.75	6.23	6.18	5.02	5.01
84	8.09	7.93	6.26	6.23	5.03	5.02
85	8.23	8.09	6.29	6.27	5.03	5.03
86	8.35	8.24	6.32	6.30	5.04	5.03
87	8.47	8.37	6.34	6.33	5.04	5.04
88	8.57	8.49	6.36	6.35	5.04	5.04
89	8.67	8.60	6.38	6.37	5.04	5.04
90	8.76	8.70	6.39	6.38	5.04	5.04

Guaranteed Payment Period:

No. of Years	Monthly Payment	No. of Years	Monthly Payment
1	\$84.09	11	\$8.42
2	42.46	12	7.80
3	28.59	13	7.26
4	21.65	14	6.81
5	17.49	15	6.42
6	14.72	16	6.07
7	12.74	17	5.77
8	11.25	18	5.50
9	10.10	19	5.26
10	9.18	20	5.04

TERM INSURANCE POLICY

Allstate Life Insurance Company promises to pay the death benefit upon receipt of due proof of death of the insured, subject to the terms and conditions of this policy. Payment of premiums is required until the expiry date or death of the insured. Premiums are the same for all years. Premiums are fully guaranteed. This policy does not pay dividends.

ALLSTATE LIFE INSURANCE COMPANY
{1-800-525-2799}

Conversion Right Endorsement

The word 'policy', as used in this endorsement, means the policy to which this endorsement is attached.

This endorsement is attached to and made part of your policy as of the policy issue date.

Conversion of This Policy

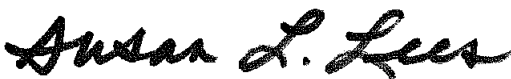
On or after the conversion start date shown on the Policy Data pages and prior to the conversion expiry date of this endorsement shown on the Policy Data pages, you may convert this policy to another policy insuring the life of the insured.

The conversion will be made on all of the following conditions:

1. This policy must be in force when you make the conversion.
2. The request for conversion must be written. The policy must be returned to us with the request.
3. The new policy selected by you must be a whole life policy, flexible premium adjustable life policy, or flexible premium variable life policy then sold by us and selected by us as a policy eligible for conversion from this policy. We will offer one or more such plans as eligible for conversion. The required annual premium for the new policy must be greater than the annual premium for this plan as of the date of the conversion.
4. The insured's age on the date of conversion must not be greater than the maximum issue age for the new policy.
5. The face amount of the new policy will not be greater than the face amount of this policy.
6. The issue date of the new policy will be the date of conversion, except for purposes of the Suicide or Self-Destruction and Incontestability provisions, which will be calculated from the issue date of this policy.
7. The premium for the new policy will be based on the insured's sex, the most comparable payment class to this policy and the insured's age as of the issue date of the new policy. We will determine the payment class for the new policy. No new evidence of insurability will be required.
8. Any riders providing additional benefits in the event of disability or death will be made a part of the new policy only with our consent.

Coverage under this policy ends when coverage under the new policy begins. In no event will we provide coverage under both policies at the same time.

Except as amended by this endorsement, the policy remains unchanged.



Susan L. Lees
Secretary



Matthew E. Winter
President and Chief Executive Officer

ALLSTATE LIFE INSURANCE COMPANY
{1-800-525-2799}

Accelerated Benefit Rider for Terminal Illness

The face amount will be reduced if an accelerated benefit is paid. Benefits paid under this rider may be taxable and you should consult your personal tax advisor to assess the impact of this benefit.

We will pay you the benefit provided by this rider upon due proof that the insured has been diagnosed with a Terminal Illness, subject to the terms and conditions of the policy and this rider. This rider is attached to and made part of the policy on the effective date. The effective date is the issue date of the policy to which this rider is attached.

Definitions

Immediate Family - The spouse, children, parents, grandparents, grandchildren, siblings or corresponding in-laws of you or the insured.

Physician - A licensed medical doctor (M.D.) or a licensed doctor of osteopathy (D.O.) practicing within the scope of his or her license. Physician does not include you, the insured or a member of the insured's or your Immediate Family.

Physician's Statement - A written statement acceptable to us, signed by a Physician, which gives the Physician's diagnosis of the insured's Terminal Illness.

Terminal Illness - A medical condition of the insured that, notwithstanding appropriate medical care, will result in a life expectancy of 12 months or less from the date of the Physician's Statement.

Conditions of Payment

We will pay you the accelerated benefit amount upon due proof that the insured has a Terminal Illness, subject to the following conditions:

1. The Terminal Illness first manifests itself on or after the effective date; and
2. The policy and this rider are in force; and
3. Proof of Terminal Illness is received by us. This proof will include a properly completed claim form, a Physician's Statement and any additional information from the Physician we deem necessary. We may require, at our expense, an additional examination by a Physician of our choice; and
4. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us.

This rider provides for the advance of a portion of the death benefit and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

Accelerated Benefit Amount

The maximum accelerated benefit you may request is equal to the lesser of:

1. 80% of the death benefit as of the date the first request is paid; or
2. \$250,000, including all other accelerated benefit amounts paid under all policies issued by us on the life of the insured.

You may request any amount between \$5,000 and the maximum accelerated benefit. The minimum face amount remaining after an accelerated benefit payment is \$5,000. A maximum of three accelerated benefit payments may be paid provided the total amount does not exceed the maximum accelerated benefit.

The amount of death benefit which you request to accelerate will be reduced by:

1. Any due or unpaid premium if a claim occurs during a grace period; plus
2. An administrative charge of \$150, if allowed under the rules and/or regulations of the Internal Revenue Service, for each accelerated benefit request; plus
3. A 12-month actuarial discount which reflects the early payment of the accelerated benefit amount. It will be based on an annual interest rate which has been declared by us. The maximum interest rate used shall be the greater of:
 - a. The current yield on 90-day U.S. Treasury Bills; or
 - b. The current maximum statutory adjustable policy loan interest rate.

The discount is based upon procedures and standards on file with the Insurance Department of the state in which this rider is delivered.

Effects of Rider on the Policy

After an accelerated death benefit payment is made, the face amount and any required premium immediately prior to the payment of the accelerated benefit will be reduced on a pro rata basis. We will mail to you, for attachment to your policy, a new policy page showing the decrease in the face amount and required premiums resulting from the accelerated benefit payment.

When This Rider Terminates

This rider will terminate on the earliest of the following events:

1. The date the maximum accelerated benefit is paid; or
2. The date the third accelerated benefit is paid; or
3. On the first day of the policy month after the date you make a written request to terminate this rider; or
4. The date the policy terminates.

Reinstatement

If this rider lapses due to non-payment of the policy's premium, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

Incontestability

We will not contest this rider after this rider has been in force for two years after its effective date during the lifetime of the insured.

Suicide or Self-Destruction

We reserve the right to request that you return the difference between the accelerated benefit payment and the premiums paid to us if:

1. The insured dies from suicide while sane or self-destruction while insane within two years of the issue date of the policy; and
2. The amount of the accelerated benefit payment was greater than the premiums paid for coverage under the policy.

Payment of Claims

Claim forms may be received by notifying us. We will pay the accelerated benefit amount as a lump sum to you.

Conformity with State Law

We amend this rider to conform on the effective date, to the minimum requirements of the state in which it is issued.



Susan L. Lees
Secretary



Matthew E. Winter
President and Chief Executive Officer

<i>SERFF Tracking Number:</i>	<i>ALSB-127008734</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47938</i>
<i>Company Tracking Number:</i>	<i>LU10987 SERIES</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LU10987 series</i>		
<i>Project Name/Number:</i>	<i>LU10987 series/LU10987 series</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: CW Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: CW SOV - FINAL 1-31-11.pdf		

	Item Status:	Status Date:
Satisfied - Item: Premium Rates		
Comments:		
Attachment: Final_SI_Premiums_02072011.pdf		

	Item Status:	Status Date:
Satisfied - Item: ADB Disclosure - Informational		
Comments:		
Attachment: LU10991 ADB - Terminal Illness (0211).pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance		

SERFF Tracking Number: ALSB-127008734

State: Arkansas

Filing Company: Allstate Life Insurance Company

State Tracking Number: 47938

Company Tracking Number: LU10987 SERIES

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -

Fixed/Indeterminate Premium - Single Life

Product Name: LU10987 series

Project Name/Number: LU10987 series/LU10987 series

Comments:

Attachment:

State of Arkansas Cert of Compliance.pdf

CERTIFICATION OF READABILITY

I, Robert Transon, Assistant Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
LU10987	51
LU10989	51
LU10990	46

Robert Transon
Assistant Vice President

January 31, 2011
Date

Statement of Variability

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment.

Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Policy Form LU10987 series

Page	Bracketed Items	Range of Variability
1	a. Company Address, Telephone, Officers and Logo	Company location, Zip Codes, telephone number, Company Logo and Company Officers may vary over time
1	b. Policy Data	John Doe information that will vary by customer demographics and customer selection.
3	a. Policy Data	John Doe information that will vary by customer demographics and customer selection.
3	b. Benefit Description	The rider section is bracketed because the number of riders that will print in this section will depend upon the riders selected by the customer. Variation in rider selection will not result in additional alternate plans being available in the market.
3	c. Face/Benefit Amount	Minimum \$50,000 - Varies by customer selection.
3	d. Expiry Date	Varies depending on coverage period chosen by the customer
3	e. Premium Payment Mode	Listing of payment modes made available to the customer
3	f. Premium Payment Amount	Varies by issue age, gender, and face amount
3	g. Conversion Right Endorsement	This Endorsement will be automatically included on the policy at the time of issue. This item is bracketed because the company reserves the right to not include this at the time of issue for future business
3	h. Conversion Start Date	This item is bracketed because the company reserves the right to change the conversion start date for future business. Varies by issue.
3	i. Conversion Expiry Date	This item is bracketed because the company reserves the right to change the conversion expiry date for future business. Varies by issue.

Accelerated Benefit Rider Form LU10990 series

Endorsement Form LU10989 series

Page	Bracketed Items	Range of Variability
1	a. Company address, Telephone, Officers	Company location, Zip Codes, telephone number and Company Officers may vary over time

SI Annual Per 1,000 Rates \$50,000 - \$99,000

Note: No policy fee for SI Term

	Male				Female				Unisex			
Age	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco
18	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
19	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
20	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
21	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
22	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
23	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
24	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
25	4.07	4.53	5.06	5.63	3.47	3.86	4.37	4.86	3.95	4.39	4.92	5.47
26	4.07	4.53	5.07	5.64	3.47	3.86	4.38	4.87	3.95	4.39	4.93	5.48
27	4.08	4.54	5.09	5.66	3.47	3.86	4.39	4.88	3.96	4.40	4.95	5.50
28	4.08	4.54	5.12	5.69	3.51	3.90	4.40	4.89	3.97	4.42	4.98	5.54
29	4.08	4.54	5.18	5.77	3.58	3.98	4.46	4.96	3.98	4.43	5.04	5.61
30	4.09	4.55	5.31	5.91	3.60	4.00	4.54	5.06	3.99	4.44	5.16	5.74
31	4.09	4.55	5.43	6.05	3.62	4.03	4.63	5.16	4.00	4.45	5.27	5.87
32	4.10	4.56	5.56	6.19	3.66	4.07	4.72	5.26	4.01	4.46	5.39	6.00
33	4.11	4.57	5.68	6.33	3.70	4.12	4.81	5.36	4.03	4.48	5.51	6.13
34	4.12	4.58	5.81	6.47	3.74	4.16	4.90	5.46	4.04	4.49	5.63	6.26
35	4.14	4.60	5.93	6.60	3.82	4.25	4.99	5.55	4.08	4.54	5.75	6.39
36	4.33	4.82	6.49	7.22	3.90	4.34	5.38	5.99	4.24	4.72	6.27	6.97
37	4.53	5.04	7.04	7.83	4.01	4.46	5.77	6.42	4.43	4.93	6.78	7.55
38	4.72	5.25	7.59	8.45	4.16	4.63	6.15	6.85	4.61	5.13	7.30	8.13
39	4.91	5.46	8.14	9.06	4.32	4.80	6.54	7.28	4.79	5.33	7.82	8.70
40	5.12	5.69	8.70	9.67	4.45	4.95	6.93	7.71	4.99	5.55	8.34	9.28
41	5.34	5.94	9.25	10.29	4.64	5.16	7.32	8.14	5.20	5.78	8.86	9.86
42	5.57	6.19	9.80	10.90	4.81	5.35	7.70	8.57	5.42	6.03	9.38	10.44
43	5.84	6.49	10.35	11.52	5.00	5.56	8.09	9.00	5.67	6.30	9.90	11.01
44	6.11	6.79	10.91	12.13	5.20	5.78	8.48	9.43	5.93	6.59	10.42	11.59
45	6.39	7.10	11.46	12.74	5.42	6.03	8.87	9.86	6.20	6.89	10.94	12.17

SI Annual Per 1,000 Rates \$100,000 - \$149,999

Note: No policy fee for SI Term

Age	Male				Female				Unisex			
	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco
18	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
19	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
20	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
21	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
22	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
23	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
24	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
25	2.65	2.95	3.60	4.00	2.13	2.37	3.02	3.36	2.55	2.84	3.48	3.87
26	2.65	2.95	3.61	4.02	2.13	2.37	3.03	3.37	2.55	2.84	3.49	3.88
27	2.65	2.95	3.63	4.04	2.13	2.37	3.04	3.38	2.55	2.84	3.51	3.90
28	2.67	2.97	3.65	4.06	2.17	2.42	3.05	3.39	2.57	2.86	3.53	3.93
29	2.69	2.99	3.72	4.15	2.21	2.46	3.06	3.40	2.59	2.88	3.58	3.99
30	2.69	2.99	3.86	4.30	2.23	2.48	3.13	3.49	2.60	2.89	3.72	4.14
31	2.69	2.99	4.01	4.46	2.27	2.53	3.25	3.62	2.61	2.90	3.85	4.29
32	2.71	3.02	4.15	4.62	2.31	2.57	3.36	3.75	2.63	2.93	3.99	4.45
33	2.71	3.02	4.29	4.78	2.35	2.62	3.48	3.88	2.64	2.94	4.13	4.60
34	2.73	3.04	4.43	4.94	2.37	2.64	3.60	4.01	2.66	2.96	4.27	4.75
35	2.75	3.06	4.58	5.09	2.39	2.66	3.71	4.13	2.68	2.98	4.40	4.90
36	2.85	3.17	5.09	5.67	2.47	2.75	4.07	4.54	2.77	3.08	4.89	5.44
37	2.99	3.33	5.60	6.24	2.58	2.87	4.43	4.94	2.91	3.24	5.37	5.98
38	3.15	3.50	6.12	6.81	2.66	2.96	4.79	5.34	3.05	3.39	5.85	6.51
39	3.35	3.73	6.63	7.38	2.80	3.12	5.16	5.74	3.24	3.60	6.34	7.05
40	3.51	3.90	7.14	7.95	2.88	3.20	5.52	6.14	3.38	3.76	6.82	7.59
41	3.74	4.16	7.64	8.49	3.13	3.48	5.88	6.54	3.62	4.03	7.30	8.12
42	3.93	4.37	8.17	9.09	3.28	3.65	6.24	6.94	3.80	4.23	7.79	8.66
43	4.15	4.62	8.69	9.66	3.44	3.83	6.60	7.34	4.01	4.46	8.27	9.20
44	4.38	4.87	9.20	10.23	3.62	4.03	6.96	7.74	4.23	4.70	8.75	9.74
45	4.61	5.13	9.71	10.80	3.80	4.23	7.32	8.14	4.45	4.95	9.24	10.27

SI Annual Per 1,000 Rates \$150,000 - \$199,999

Note: No policy fee for SI Term

	Male				Female				Unisex			
Age	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco	Allstate Non- Tobacco	Basic Non- Tobacco	Allstate Tobacco	Basic Tobacco
18	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
19	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
20	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
21	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
22	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
23	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
24	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
25	2.40	2.67	3.35	3.73	1.88	2.09	2.77	3.08	2.30	2.56	3.23	3.59
26	2.40	2.67	3.36	3.74	1.88	2.09	2.78	3.09	2.30	2.56	3.24	3.60
27	2.40	2.67	3.38	3.76	1.88	2.09	2.79	3.10	2.30	2.56	3.26	3.63
28	2.42	2.69	3.40	3.78	1.92	2.14	2.80	3.12	2.32	2.58	3.28	3.65
29	2.44	2.72	3.42	3.80	1.96	2.18	2.81	3.13	2.34	2.60	3.30	3.67
30	2.44	2.72	3.49	3.89	1.98	2.20	2.82	3.14	2.35	2.62	3.35	3.73
31	2.44	2.72	3.64	4.05	2.02	2.25	2.88	3.21	2.36	2.63	3.49	3.88
32	2.46	2.74	3.78	4.21	2.06	2.29	3.00	3.34	2.38	2.65	3.62	4.04
33	2.46	2.74	3.93	4.37	2.10	2.34	3.12	3.47	2.39	2.66	3.76	4.19
34	2.48	2.76	4.07	4.53	2.12	2.36	3.23	3.60	2.41	2.68	3.90	4.35
35	2.50	2.78	4.22	4.69	2.14	2.38	3.35	3.73	2.43	2.70	4.04	4.50
36	2.60	2.89	4.73	5.27	2.22	2.47	3.71	4.14	2.52	2.80	4.53	5.04
37	2.74	3.05	5.25	5.84	2.33	2.59	4.08	4.54	2.66	2.96	5.01	5.58
38	2.90	3.23	5.76	6.41	2.41	2.68	4.44	4.94	2.80	3.12	5.50	6.12
39	3.10	3.45	6.28	6.99	2.55	2.84	4.80	5.34	2.99	3.33	5.98	6.66
40	3.26	3.63	6.79	7.56	2.63	2.93	5.16	5.74	3.13	3.48	6.47	7.20
41	3.49	3.88	7.31	8.13	2.88	3.20	5.52	6.15	3.37	3.75	6.95	7.74
42	3.68	4.09	7.83	8.71	3.03	3.37	5.88	6.55	3.55	3.95	7.44	8.27
43	3.90	4.34	8.34	9.28	3.19	3.55	6.25	6.95	3.76	4.18	7.92	8.81
44	4.13	4.59	8.86	9.85	3.37	3.75	6.61	7.35	3.98	4.43	8.41	9.35
45	4.36	4.85	9.37	10.42	3.55	3.95	6.97	7.75	4.20	4.67	8.89	9.89

ALLSTATE LIFE INSURANCE COMPANY

ACCELERATED BENEFIT FOR TERMINAL ILLNESS

SUMMARY AND DISCLOSURE STATEMENT

This Disclosure Statement is intended to provide a brief description of an Accelerated Benefit Rider for Terminal Illness and the effect that any payment under the rider will have on a policy. The full explanation of the benefits available is found in the actual rider.

General Description of Coverage

The Accelerated Benefit Rider for Terminal Illness provides for the payment of up to 80% of the death benefit in effect, or \$250,000 if less, if the insured is diagnosed with a Terminal Illness. "Terminal Illness" means the insured has a medical condition that, notwithstanding appropriate medical care, will result in a life expectancy of 12 months or less from the date of the Physician's Statement. A maximum of three accelerated benefit payments may be paid provided the total amount does not exceed the maximum accelerated benefit. The maximum limits include all other accelerated benefit amounts paid under all policies issued by us on the life of the insured. There is no additional cost to have this rider attached to a policy.

In order to receive an accelerated benefit payment, proof that the insured has a Terminal Illness must be provided to Allstate Life Insurance Company. "Proof" includes, but is not limited to, a properly completed claim form and a physician's statement signed by a licensed physician stating that the insured has been diagnosed with a Terminal Illness.

Effect on a Policy If an Accelerated Payment Is Made

After we pay an accelerated death benefit, the face amount and any required premium immediately prior to the payment of the accelerated benefit will be reduced. The face amount will be reduced on a pro rata basis. The reduced premium will equal the appropriate premium rate applied to the reduced face amount plus any applicable policy fee. The amount of death benefit to be accelerated will be reduced by:

1. Any due and unpaid premium if a claim occurs during a grace period; plus
2. A claims administrative charge of up to \$150, if allowed under the current rules and/or regulations of the Internal Revenue Service, for each accelerated benefit request; plus
3. A 12-month actuarial discount which reflects the early payment of the accelerated benefit amount. It will be based on an annual interest rate which has been declared by us. The maximum interest rate used shall be the greater of:
 - a. The current yield on 90-day Treasury Bills; or
 - b. The current maximum statutory adjustable policy loan interest rate.

A detailed statement, which explains the method we use to calculate accelerated benefit payments, has been filed with the State Insurance Department. You may request a copy of this document from us.

Allstate Life Insurance Company will mail to the owner and irrevocable beneficiary or assignee, for attachment to your policy, a new policy page showing the decrease in the applicable values resulting from the accelerated benefit payment.

Tax Consequences

The acceleration-of-life-insurance benefits offered under this rider are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal tax law.

Government Entitlement

Receipt of acceleration-of-life-insurance benefits may affect you, your spouse, or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified financial planner and with social service agencies concerning how receipt of such payment will affect you, your spouse, or your family's eligibility for public assistance.

Limits of the Rider

The Accelerated Benefit Rider for Terminal Illness is not health, nursing home or long-term care insurance, and is not intended to eliminate the need for such coverage. There are no restrictions concerning the use of benefits provided by this rider. The proceeds may be used for any purpose.

Sample Illustration

The following information is a generic example of the effect that an accelerated death benefit payment of 80% of the death benefit would have on a policy. The example illustrates a hypothetical situation only and does not apply to any specific policy.

	<u>Prior to Acceleration</u>	<u>After Acceleration</u>
Policy Death Benefit	\$100,000	\$20,000

The net accelerated death benefit is computed by subtracting from the amount requested:

1. Any due and unpaid premium if a claim occurs during a grace period; plus
2. A claims administrative charge of up to \$150, if allowed under the current rules and/or regulations of the Internal Revenue Service, for each accelerated benefit request; plus
3. A 12-month actuarial discount which reflects the early payment of the accelerated benefit amount. It will be based on an annual interest rate which has been declared by us. The maximum interest rate used shall be the greater of:
 - a. The current yield on 90-day Treasury Bills; or
 - b. The current maximum statutory adjustable policy loan interest rate.

We will allow you to add this rider at any time in the future.

Please take the time to fully understand the benefits provided by the Accelerated Benefit Rider for Terminal Illness and the effect it will have on your policies prior to making your final decision. Please review the rider and the policies to which it is attached for actual policy provisions. This serves only as a Summary and Disclosure Statement regarding the Accelerated Benefit Rider for Terminal Illness.

STATEMENT OF ACKNOWLEDGEMENT

I acknowledge that I have received and read the Accelerated Benefit Summary and Disclosure Statement.

☐ Please add this rider, at no cost, to my policy.

☐ I currently qualify for this benefit and wish to make a claim.

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Owner's Name *(please print or type)*

Owner's Telephone #

Policy Number(s)

Owner's Signature

Date

Agent's Signature *(required at policy issue only)*

Date

Insured's Signature *(if other than the Owner)*

Date

Agent Number

**State of Arkansas
Form Filing Certification**

Forms: LU10987, LU10989, LU10990

I , Devyn M. Stoltz, State Filing Project Manager, hereby certify that to the best of my knowledge and belief, this filing is in compliance with Arkansas Insurance Code 23-79-138 guidelines.

I also certify that we are in compliance with Arkansas Regulation 49 that requires that a Life and Health Guaranty Notice be given to each policyowner; and Arkansas Regulation 19s10B and all applicable requirements of the Arkansas Department of Insurance.

Devyn M. Stoltz
State Filing Project Manager

____February 17, 2011_____
Date